

#### **President's Emergency Plan for AIDS Relief (PEPFAR)**

# Specialized Provincial Support Partners Learning from Examples

PEPFAR Partners' Meeting: Partner Alignment Johannesburg, July 28<sup>th</sup> 2011

# Integrating Food & Nutrition in Care & Treatment Programs



#### **Background**

- Situation Analysis
  - Limited implementation of nutrition programs
  - Integration of nutrition not seen as priority
  - Limited capacity to implement nutrition programs
- PEPFAR consultations Nutrition Directorate
- PEPFAR nutrition strategy
- PEPFAR partners' meeting
- Need for ongoing direction / TA
- Need for alignment with DOH (province)



#### **Support Model**

# Two experienced nutrition partners:

AED / FHI 360

- Limpopo
- Northern Cape
- Western Cape
- Mpumalanga
- KZN

**PATH** 

- Gauteng
- Eastern Cape
- North West
- Free State



# Partner Roles / Responsibilities

# TA for provincial nutrition departments

- Program planning, coordination
- Inventory of nutrition stakeholders / activities
- Provincial TWG on Nutrition / HIV
- Provincial training plan and roll-out
- M & E
- TA for PEPFAR partners / other stakeholders
  - Assist district support partners: district nutrition program
  - Assist implementing partners: integrated nutrition activities
  - Assist with work- and implementation plans
  - Training, capacity building, mentorship
  - M&E



#### **Lessons learned**

#### Transition issues:

- Geographical division, changes / adjustments
- Investment in relationship-building with provinces
- From implementation to TA / support
- Taking on the 'support' role

# Collaboration at provincial level

- Structured approach much appreciated by DOH (both national and provinces)
- Joint activities started with all provinces
- Provincial stakeholders meetings in 4 provinces
- Work planning with specific implementing partners



# The I ACT Program Integrated Access to Care & Treatment



#### **Background**

### Situation Analysis

- Strong focus on HCT, rapidly increasing HIV diagnosis
- Issues around linkage and retention into care
- Very high proportion 'Early LTFU' (30-50%?)
- Limited services for newly diagnosed not eligible for ART
- Best practice HLSGs, BCP, I ACT in EC province
- Nationwide scale-up
  - Collaboration with NDOH and other stakeholders
  - National I ACT working group
  - National TOT
  - Roll-out, one province at a time



#### **Support Model**

- Collaborative effort NDOH / RTC / PEPFAR
- One PEPFAR partner per province
  - Good track record in care, treatment & support
  - Good community-based / facility-based mix
  - Already actively working in the province
  - Strong working relationship with provincial DOH and RTC
  - Some funding allocation for I ACT
- Selected PEPFAR partners :

SA Partners (EC), NASTAD (FS, MP), CARE (LP), HPCA (GA, NW), FHI (NC), Zoe Life / Mc Cord (KZN), Living Hope (WC)

#### Roles / Responsibilities

- Participation in national process
  - Participate in national decision making
  - Carry forward / translate national decision making
  - Protect integrity of core I ACT program
- Advocacy for roll-out of BCP
- Integration of BCP into the provincial DOH plan
- Recruit 'implementer' partners / stakeholders
- Facilitate pool of trainers for province
- Organize provincial trainings for SGFs



#### Roles / Responsibilities

- Technical support for roll-out of BCP
  - Implementation model
  - Provide field experience
  - Mentoring / support visits
- Share / disseminate information as needed
- Host quarterly Working Group meeting
- Host annual stakeholders meeting
- Assist with M & E



#### **Lessons Learned**

- Big investment in relationship building / getting buy-in
- Transition / NOT buissness as usual
  - Tendency of 'doing things' vs providing assistance
  - Tendency of taking credit vs support role
  - More collaborative working relationships
    - With DOH
    - With PEPFAR 'colleagues'
    - With PPLs
- Incremental roll-out of I ACT program
  - In 9 provinces, at different stages of implementation
  - Sense of ownership, sustainability
  - Multi-stakeholder program, real sense of scale-up



#### **Lessons Learned**

- Big variation among provinces
  - Allowable because different supporting partners
  - Challenging to keep program together
  - Contribute to both process and program
- Provincial support needs resources

